

ALABAMA LAW ENFORCEMENT AGENCY

DRIVER LICENSE DIVISION

301 SOUTH RIPLEY STREET / P.O. BOX 1471 / MONTGOMERY, AL 36102-1471 PHONE 334.242.4400 / WWW.ALEA.GOV HARDSHIP LICENSE UNIT

FAX: 334-353-9988 EMAIL: HARDSHIP.LICENSE@ALEA.GOV

APPLICATION FOR HARDSHIP LICENSE

May be submitted via mail, email or fax

Applicant Type (choose all that apply): Participating in an ADOC regulated work release program Participating in a recognized/compliant Community Corrections Program Released from Alabama Department of Corrections custody as demonstrated by ADOC Form C-80 License suspended/revoked and cannot obtain reasonable transportation Reapplication- Previous Hardship license expired or expiring **A person who has been adjudicated or convicted of DUI under Alabama Code Section 32-5A-191 is not eligible to apply for a hardship license Name (First, Middle, Last):	
City, State, Zip:	
Social Security No.:	
Date of Birth:	Email Address:
Daytime Phone Number:	
	rson named herein and the statements on this application, including all required
attachments, which are hereby incorporated by this r	reference, are true and correct.
Signature of Applicant	Date
 List and description of all specific vehicles applicant may use (Make, Model, Tag #, Owner's name if not yourself) Provide proof of Mandatory Liability Insurance for each vehicle Statement regarding the inability to obtain reasonable transportation (explain why you need a Hardship license) Proof of SR-22 insurance (if applicable) Letter from Program Director of work release or community corrections program (applies only to ¹ designation above) Demonstration of substantial progress toward reinstatement (applies only to ² designation above) 	
DO NOT WRITE BELC	OW THIS LINE – FOR DEPARTMENT USE ONLY
Application received date:	Rejected date:
Application approved date:	Email sent date:
Approved/Rejected by:	Letter sent date: